

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031517

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 4 1962

3028

152

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JASPER  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MO. b. COUNTY JASPER  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>CARTHAGE  |  | c. CITY OR TOWN CARTHAGE  |  |
| Length of stay in lb OR TOWN 50 YRS.   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSPITAL  |  | d. STREET ADDRESS (If outside, give location)<br>702 E. HIGHLAND  |  |
| 3. NAME OF DECEASED (Type or print)<br>First MIDDLE Last<br>FRED L. JENNISON   |  | 4. DATE OF DEATH<br>Month Day Year<br>AUGUST 27, 1962   |  |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br>3/23/89                            |
| 9. AGE (last birthday)<br>73   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>GARDENER  |  |
| 11. BIRTHPLACE (City and state or country)<br>CARTHAGE, MO.  |  | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |  |
| 13a. FATHER'S NAME<br>DANIEL JENNISON  |  | 13b. MOTHER'S MAIDEN NAME<br>ALICE DARROW   |  |
| 14. NAME OF HUSBAND OR WIFE<br>BERTHA A. JENNISON  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>NO NO  |  |
| 16. INFORMANT<br>MRS. BERTHA A. JENNISON, CARTHAGE, MO.  |  | 17. ADDRESS<br>(MO.)  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cancer of Lymph glands   |  | INTERVAL BETWEEN ONSET AND DEATH<br>6 mo  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (e)<br>July 7, 62 Biopsy Lymph gland Path diag: Malignant Lymphoma |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>       |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION<br>CARTHAGE, MO.   |  |
| 21. I attended the deceased from Feb 20, 1962 to Aug 27, 1962 and last saw her alive on Aug 27, 1962   |  | Death occurred at 5:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE<br>George H. Wood (Degree or title)   |  | 22b. ADDRESS<br>M.D. 1515 HAZEL, CARTHAGE, MO.  |  |
| 22c. DATE SIGNED<br>8/28/62  |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  | 23b. DATE<br>AUG. 31, 1962   | 23c. NAME OF CEMETERY OR CREMATORY<br>OAK HILL CEMETERY   | 23d. LOCATION (City, town, or county)<br>CARTHAGE, MO. |
| 24. FUNERAL DIRECTOR<br>ULMER FUNERAL HOME, CARTHAGE, MO.  |  | 25. DATE RECD. BY LOCAL REG.<br>8-29-62   |  |
| 26. REGISTRAR'S SIGNATURE<br>Elly Clinton  |  |   |  |

SEP 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address Castro, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.